

Case Number:	CM13-0001594		
Date Assigned:	12/27/2013	Date of Injury:	10/02/2010
Decision Date:	01/02/2014	UR Denial Date:	07/07/2013
Priority:	Standard	Application Received:	07/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 10/02/2010. The primary treating diagnosis is 728.85 or muscle spasm. Only limited medical records are available. An initial reviewer noted that the medical records are not complete, and in particular the 06/27/2013 report was not submitted in its entirety. The initial physician reviewer noted that the patient had obvious orthopedic pathology and had not returned to work since his injury and that the criteria for participation in an outpatient pain rehabilitation program were not established. Therefore, the reviewer concluded that this treatment was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Initial sessions for a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Chronic Pain Guidelines indicates that detailed criteria for consideration of a functional restoration program should state that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. In this case, the medical records at this time appear to be incomplete and do not include such an interdisciplinary evaluation. Without that evaluation, the

medical necessity of this request cannot be established. The request for initial sessions for a functional restoration program is not medically necessary and appropriate.